Customer Contact **1300 COUNCIL (1300 268 624)** 07 4679 4000 www.wdrc.qld.gov.au

info@wdrc.qld.gov.au



Application for Amendment of Food Business Licence Food Act 2006

IMPORTANT NOTICE Western Downs Regional Council is committed to handling your personal information in accordance with the <i>Information Privacy Act 2009</i> (Qld) and the Queensland Privacy Principles (QPPs). QPP 5 obliges Council to advise you of certain matters when collecting your personal information. This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information. For further information regarding how your personal information will be handled, please refer to the bottom of form.								
Application	Amendment Typ	e			Fee			
for:	Amendment to	Licence - Alteration of a Premises						
	Amendment to							
	Amendment to Licence - Alteration to Trading Name only							
Licence	ce Details							
Current Premis	se/Trading Name:			Licence Number:	EH: -			
Proposed Trac	ding Name:							
Applicant Nam	ne:							
Contact Perso	n:							
Phone (w):			Phone (m):					
Email Address):							
Currer	nt Premise Deta	nils						
Address:								
Suburb:			Postcode:					
Lot on Plan:			Property Name (if applicable):					
Propos	sed Premise De	etails (For amendment to location for Te	mporary Premises - Cam	p Kitchen)				
Address:								
Suburb:			Postcode:					
Lot on Plan:			Main Gate GPS (HDMS) coordinates:					
End Date at current premise:			Commencement at proposed premise:					
Amend	dment Details (F	Please attach additional pages and attach	ments as required)					

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Attachments for Alteration of Premises (if providing electronic attachments, plans must be to relevant scale when printed on A3)

Two (2) copies of a Site Plan, dra and adjacent land uses.	awn to scale not less than 1:100, showing the food premises location,	waste storage, car parking, staff a	nd public to	oilet facilities
or supporting documentation mi - Floor, wall and - Bench surface to Sink locations, - Location of flooth Light fitting des - Two (2) copies of Sectional Elepremises, indicating heights of equiper Two (2) copies of plans of the Moducting, including access point provided, to show that the total Certification that the Mechanical Customer Signature Customer Signature	ceiling surface finishes, including colours finishes, including colours dimensions, faucet design and proposed use (including hand wash ba r wastes and/or cleaners sink ign and installation vations of the fit out of the premise, drawn to a scale of not less than pment, fixtures and fittings. Mechanical Exhaust Ventilation system, drawn to a scale of not less the ist to ducting. If a Mechanical Exhaust Ventilation system is not ins gas or energy input is below thresholds of the Australian Standards. exhaust system is designed in accordance with AS 1668.1 &1668.2.	asin/s, food preparation sink and was a 1:50, showing a side-on view of the construction stalled, specifications of all cooking and correct. I/we understand that should correct.	ash up sink the internal on of the ca ng equipme	ds) I walls of the nopy and all are to be
Signature:	Name:	Date:	1	1
Payment on this applicatio	n is considered an invoice; ABN: 91 232 587 651. NO GST is a	applicable on Fees.		
If you choose not to provide your person Your personal information will be access Council's privacy policy explains how you Council if you consider Council has brea	co assess your application. ected under authority of the Local Government Act 2009. al information, for example your name and contact details, Council will not be a sed by persons who are authorised to do so. Council may provide your persona ou may request access to and/or seek correction of your personal information ched its obligations to manage your personal information in accordance with thur personal information will be handled, please contact Council on telephone 13	al information to an external party when on. Council's policy also explains how ne QPPs, and how we deal with privacy	w you can co	omplain to

Office Use Only

Assessment number:	EH No.:	
Amount paid:	\$ Date paid:	1 1
Receipt number:	Initials:	

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